

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		2		/			54						
5		①		/			55						
6		①		/			56						
7		①		/			57						
8		①		/			58						
9		①		/			59						
10		①		/			60						
11		①		/			61						
12		①		/			62						
13	/		/				63						
14		/		/			64						
15		2		/			65						
16				/			66						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			16				TOTAL DEP.						
TOTAL CLAIMS			18				TOTAL CLAIMS						